

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		7-26-99
O.I.P.E. CLASSIFIER		59	730
FORMALITY REVIEW		05955	8/12

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 u ..... Allowed      I ..... Interference  
 (Through numeral) ... Canceled      A ..... Appeal  
 - ..... Restricted      O ..... Objected

Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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